

our Medicare Program. That is where they went, except that they chose to insure the entire population rather than just the elderly. After searching the globe, the Taiwanese realized what many Americans already know: a Medicare-for-all, single-payer system is the most effective way to offer quality coverage at a reasonable price.

Taiwan now offers comprehensive health care to all of its people, and it is spending 6 percent of its GDP to do that while we spend 16 percent of our GDP. But, unfortunately, the single-payer model was not ever put on the table here. Maybe we should learn something from our friends in Taiwan.

Let me end by saying this: This country is in the midst of a horrendous health care crisis. We all know that. We can tinker with the system. We can come up with a 2,000-page bill which does this, that, and the other thing. But at the end of the day, if we are going to do what virtually every other country on Earth does—provide comprehensive, universal health care in a cost-effective way, one that does not bankrupt our government or bankrupt individuals—if we are going to do that, we are going to have to take on the private insurance companies and tell them very clearly that they are no longer needed. Thanks for your service. We don't need you anymore.

A Medicare-for-all program is the way to go. I know it is not going to pass today. I know we do not have the votes. I know the insurance company and the drug lobbyists will fight us to the death. But, mark my words, Madam President, the day will come when this country will do the right thing. On that day, we will pass a Medicare-for-all single-payer system.

Mr. LUGAR. Mr. President, I take this opportunity to share with my colleagues a statement I have prepared regarding the health care reform debate in which the Senate is currently engaged.

A majority of the Members of Congress share President Obama's humane goal that millions more Americans might enjoy health insurance coverage and that medical care to all Americans might be substantially improved. For the moment, however, President Obama and the Congress must recognize that the overwhelming demand of most Americans is that presidential and congressional leadership should focus each day on restoration of jobs, strengthening of housing opportunities, new growth in small business and large industries, and banks that are not only solvent but confident of normal lending. In essence, the task facing national leadership is truly monumental. A national and international recession has not ended and many economists predict that unemployment, which has exceeded 10 percent in the United States, will continue to grow in coming months.

The President and the current Congress have realized a final deficit for fiscal year 2009 of \$1.4 trillion, with the

total national debt now at \$12 trillion. The appropriation bills that Congress has passed and that will make up the next fiscal year's expenditures are predicted to result in another annual deficit of more than \$1 trillion. In fiscal year 2009, Medicaid spending increased by 24.6 percent to \$251 billion. Spending on Food Stamps increased 41 percent to \$56 billion. Unemployment benefits increased almost 155 percent to \$120 billion.

Republicans and Democrats may feel that passing comprehensive health legislation before the end of the year is crucial to the success or failure of the Obama administration and/or party leadership in the Congress.

But I would suggest that successful leadership will be defined, now and historically, by success in bringing a horrendous economic recession to an end, bringing new strength to our economy, and providing vital leadership in international relations as we hope to bring conflicts under control and in some cases, to conclusion.

I appreciate that President Obama has strongly argued that comprehensive health care legislation is an important component to reducing federal deficit spending. He has contended that failure to pass this legislation will increase deficits now and for many years to come. I disagree with the President.

After the economic recession in our country comes to a conclusion, a high priority may be extension of health insurance coverage and reform of many health care practices. When such changes occur, they are likely to be expensive and Americans will need to debate, even then, their priority in comparison to many other national goals. One reason why health care is likely to remain expensive is that major advances in surgical procedures, prescription drugs, and other health care practices have prolonged the lives of tens of millions of Americans and improved the quality of those additional years. The Washington Post, in a front-page story on July 26, 2009, mentioned that "the fight against heart disease has been slow and incremental. It's also been extremely expensive and wildly successful." Americans should not take for granted all of the advances in health care that have enriched our lives, but we sometimes forget that we require and even pray for much more medical progress in years to come, which is likely to be expensive.

In order to pay for the cost of the nearly \$1 trillion health care legislation, several Members of Congress are suggesting new forms of taxation, reduction of payments to doctors and hospitals, and curtailment of certain types of insurance coverage. These and other suggestions may temporarily bring about cost reduction but will also have some after-effects in the overall economy. In fact, strong financial incentives may be needed to enlist men and women to enter the medical field. Failure to enlist a sufficient number of doctors could lead to rationing of serv-

ice and longer lines to find someone who will give humane attention.

In the meanwhile, it is possible that the President and Members of Congress might find some inexpensive, incremental improvements that could result in a greater number of Americans being served through health insurance and more efficiently operating health care institutions. The strong desire that most of us have to continue discussing these issues and make improvements need not be postponed even as President Obama and the Congress strive for victory over a devastating national economic recession.

Because our Federal spending deficits have risen so much and are predicted to rise even more, all substantive discussions on health care and other important issues will be conducted during many years of planning and, finally, decisive action to reduce deficit spending and preserve the value and integrity of the dollar as we continue to borrow hundreds of billions of dollars in the form of U.S. Treasury bonds sold to governments and citizens of other countries. They, too, are counting on the integrity of our dollar and our financial system to preserve the value of their financial reserves.

Starting with President Obama and extending to all Members of Congress, we wish that we had inherited a neutral, peaceful playing field. We have not been so fortunate. Our responsibility now is to recognize the extraordinary financial tragedy that has befallen our country and to recognize the unprecedented opportunity that we have to stop the momentum of that tragedy. We must provide valid hope of constructive vision, idealism, and change in the future. I look forward to working with the President and my colleagues to tackle first things first.

Ms. COLLINS. Madam President, I rise today to speak in favor of the motion to commit offered by Senators HUTCHISON and THUNE.

The Hutchison-Thune motion to commit would send the health care bill to the Senate Finance Committee with instructions to revise the bill in a revenue-neutral manner, to prevent taxes in the bill from going into effect before the exchanges are set up in 2014.

The bill makes Americans wait until 2014 to get insurance through the new "exchanges," but it rolls out new tax hikes starting right away. Unless we take action to change this, Americans will see 4 years of tax increases before the chief benefits of this bill become available.

In the 4 years between now and the time the exchanges come online, Americans will face at least a dozen new or increased taxes and fees costing \$73 billion.

Some of these taxes start in 2 weeks. For example, a new tax on pharmaceutical manufacturers, which will raise an average of \$2.2 billion per year; a new tax on health insurance providers, which will raise \$6.7 billion per